

<i>SERFF Tracking Number:</i>	<i>EVST-125386042</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>#36069 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-20022299</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM /CW-CA-20019419</i>		

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: EVST-125386042

SERFF Status: Closed

Co Tr Num: AR-CA-20022299

Co Status:

Author: Vanessa King

Date Submitted: 12/13/2007

State: Arkansas

State Tr Num: #36069 \$50

State Status: Fees not received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 12/17/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

01/01/2008

State Filing Description:

General Information

Project Name: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS,
FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS
PROGRAM

Project Number: CW-CA-20019419

Reference Organization:

Reference Title:

Filing Status Changed: 12/17/2007

State Status Changed: 12/17/2007

Corresponding Filing Tracking Number:

Filing Description:

We are introducing a number of new proprietary endorsements for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

These endorsements are designed to provide greater underwriting and coverage flexibility in response to individual risk

SERFF Tracking Number: EVST-125386042 State: Arkansas
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/CW-CA-20019419

characteristics.

Company and Contact

Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation vanessa.king@everestre.com

P.O. Box 830 (908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$0.00	12/13/2007	17089909

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
036069	\$50.00	11/28/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/17/2007	12/17/2007

<i>SERFF Tracking Number:</i>	<i>EVST-125386042</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM</i> <i>/CW-CA-20019419</i>		

Disposition

Disposition Date: 12/17/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125386042 State: Arkansas
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 Company Tracking Number: AR-CA-20022299
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 /CW-CA-20019419

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Physical Damage Coverage Enhancement Endorsement	Approved	Yes
Form	Waiver of Transfer of Rights of Recovery Against Others To Us	Approved	Yes
Form	Exclusion Of Specified Auto(s)	Approved	Yes

SERFF Tracking Number: EVST-125386042 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: #36069 \$50

Company Tracking Number: AR-CA-20022299

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile

Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Coverage Enhancement Endorsement	ECA 04 507 07 07	07 07	Endorsement/Amendment/Conditions		0.00	ECA 04 507 07 07.pdf
Approved	Waiver of Transfer of Rights of Recovery Against Others To Us	ECA 24 504 07 07	07 07	Endorsement/Amendment/Conditions		0.00	ECA 24 504 07 07.pdf
Approved	Exclusion Of Specified Auto(s)	ECA 99 522 07 07	07 07	Endorsement/Amendment/Conditions		0.00	ECA 99 522 07 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Paragraph **A.3.a.** of **SECTION III – PHYSICAL DAMAGE COVERAGE** is replaced by the following:

- a.** Glass breakage. If a “loss” is applicable only to the glass of a covered “auto”, and the glass is repaired rather than replaced, the applicable deductible shown in the Declarations will not apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US** Loss Condition is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for an "accident" or "loss", provided that you are required under a written agreement to waive your rights of recovery. The written agreement must be made prior to the date of the "accident" or "loss". This waiver applies only to the person or organization shown in the Schedule above.

POLICY NUMBER:

COMMERCIAL AUTO
ECA 99 522 07 07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF SPECIFIED AUTO(S)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	Endorsement Effective:
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SCHEDULE

Description Of Auto(s):

You agree that the description of covered "autos" does not include the auto(s) described in the Schedule, and that we will not be liable for any accidents or losses involving this auto or its replacement.

Accepted

By: _____
First Named Insured

Date Signed: _____

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125386042 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Approved 12/17/2007

Comments:
Attachments:
Transmittal.pdf
Form Filing Schedule.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

5. Company Tracking Number	AR-CA-20022299
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Associate Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everestre.com

7. Signature of authorized filer	Vanessa King
8. Please print name of authorized filer	Vanessa King

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Automobile
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Risk Managed Agribusiness, Distributors, Forestry, Moving And Storage And <input type="checkbox"/> ste Systems Program <input type="checkbox"/> <input type="checkbox"/>
13. Filing Type	<div style="display: flex; justify-content: space-between;"> <div>Rate/Loss Cost</div> <div>Rules</div> <div>Rates/Rules</div> </div> <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/2008 Renewal: 1/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/13/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AR-CA-20022299
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are introducing a number of new proprietary endorsements for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

These endorsements are designed to provide greater underwriting and coverage flexibility in response to individual risk characteristics.

We request an effective date of January 1, 2008 or the earliest permissible date consistent with your requirements.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-CA-20022299			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Physical Damage Coverage Enhancement Endorsement	ECA 04 507 07 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Waiver Of Transfer Of Rights Of Recovery Against Others To Us	ECA 24 504 07 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Exclusion Of Specified Auto(s)	ECA 99 522 07 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		